S. No. 2
OM—5-43
v. 5-17-39
o I X36671

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26946

Registration District No. 43 | Primary Registration District No. 5137 | Registrar's No. 318

1. PLACE OF DEATH:
(a) County: BUTLER
(b) City or town: RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: — BLACK RIVER TWP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: — (Specify whether
In this community: 58 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: BUTLER
(c) City or town: RURAL
(If outside city or town limits, write "RURAL")
(d) Street No.: 1¼ MI NO POPLAR BLUFF MO
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: HARRISON CALVIN TUNE
3. (b) If veteran, name war: —
3. (c) Social Security No.: —

4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: SEPT (Month) 23 (Day) 1888 (Year)

8. AGE: Years 58 | Months 11 | Days 2 | If less than one day: hr. min.

9. Birthplace: BUTLER CO (City, town, or county) MO (State or foreign country)
10. Usual occupation: FARMER
11. Industry or business:
FATHER
12. Name: JOHN TUNE
13. Birthplace: WAYNE CO (City, town, or county) MO (State or foreign country)
MOTHER
14. Maiden name: UNKNOWN
15. Birthplace: UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant: Marvin Tune
(b) Address: Williamsville Mo Star Route 2
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: AUG 27 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: MT. ZION CEM
18. (a) Signature of funeral director: N.T. PHELPS
(b) Address: POPLAR BLUFF MO
19. (a) 9/3/47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 25 year 1947 hour 8 minute 10 P.M.
21. I hereby certify that I attended the deceased from Aug 22, 1946 to Aug 25, 1947 that I last saw him alive on Aug 25, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis
Due to: Mitral Stenosis
Due to: Cardiac Hypertrophy
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: No
Of autopsy: No

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Frank E. Denello (M. D. or other) M.D.
Address: Poplar Bluff Mo Date signed 8/30/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Coroner's Office No. 2
District File Number 947-1193
Date Filed 9-9-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Philip J. Cassedy, Registered Apprentice No. 108, working under my personal supervision.

Signed N. T. Phelps

Licensed Embalmer No. 5231

P. O. Address POPLAR BLUFF MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.